

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED DATE

10/648753

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45													
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	9						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						